EXHIBIT 10

Federal Communicat Washington, D.C. 20				Approved b 0-0390 (Apri		FOR FCC USE ON CODE NO. B395	В - 2 0001116	AGU
					,			
BROADCA	AST STAT	ION ANN REPORT	UAL EMPL	OYME	NT			
SECTION I								
Legal Name of t CLEAR CHANI		CASTING L	ICENSES, INC			•		
Mailing Address 200 EAST BASS	1							
City SAN ANTONIC)			State or address) TX		try (if foreign	Zip Code 78209 - 8328	
Telephone Numl 2108222828	oer (include a	rea code)		1	Addre	ss (if available)		
210022020			Facility ID Nur 11919	nber	Call K.A.	l Sign JA		
SECTION II								
A. TYPE OF		Commercia	Broadcast Stat	ion	Vonco	mmercial Broad	nget Station	Headquarters
RESPONDENT	:	Radio	Divadoast Btat			ucational Radio	cast station	© HO
		○ TV				ucational TV		
		C Low Pov		Ī				<u> </u>
		C Internati	onal					
B. List call sign a stations which sh [Stations Locatio	are one or mo			es are on	this re	port. This should	d include commo	only owned
		÷	Sta	tion List	;			
List call sign and which share one	_		se employees ar	re on this	report	. This should inc	lude commonly	owned stations
Call Sign	Facility	ID Number		Toheck app	ype licable	e box)	Locat (City/S	
KCOR	(67069	6	AM C	FM (○ TV	SAN ANTO	NIO, TX
Call Sign	Facility	ID Number	(0	Ty heek app	ype licable	e box)	Locat (City/S	
KQXT		11962	(AM 🧐	FM (O TV	SAN ANTO	NIO, TX
		· · · · · · · · · · · · · · · · · · ·		<u></u>				
Call Sign	Facility	ID Number	(c	Ty heck app	/pe licable	box)	Locati (City/S	
KROM	6	57071	Ç	AM ©	FM (⊃ _{TV}	SAN ANTO	NIO, TX
Call Sign	Facili	ty ID Numbe	म	(check	Type applica	able box)	IE	ation /State)
	1							

Call Sign	Facility ID Number	Type (check applicable box)		Location (City/State)	
кѕл	25904	O AM O FM O TV		DEVINE, TX	
Call Sign	Facility ID Number	Type		Location	
		(check applicable box)		(City/State)	
KTKR	11945	● AM ○ FM ○ TV	SA	AN ANTONIO, TX	
Call Sign	Facility ID Number	Туре		Location	
		(check applicable box)		(City/State)	
KXTN	67070	© AM C FM C TV	SA	AN ANTONIO, TX	
Call Sign	Facility ID Number	Туре		Location	
		(check applicable box)		(City/State)	
KXTN	67064	C AM C FM C TV	SA	AN ANTONIO, TX	
Call Sign	Facility ID Number	Туре		Location	
KXXM	28668	(check applicable box)	8.4	(City/State)	
KAAIVI	20000	C AM © FM C TV	S.F	AN ANTONIO, TX	
Call Sign	Facility ID Number	Type (check applicable box)		Location (City/State)	
WOAI	11952	© AM C FM C TV	SA	N ANTONIO, TX	
Call Sign	Facility ID Number	Туре	-	Location	
KAJA	11919	(check applicable box) C AM © FM C TV	SA	(City/State)	
		O AM O PM O IV		11111101110, 111	
				·······	
CTION III	RIOD COVERED BY THIS REI	PORT (DATE) 9/30/2000			
	ICABLE BOX	- VASA (AFRAM) FIDOI BOOD			

SECTION IV CERTIFICATION

and certification statement and return to FCC)

Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form

This report must be certified, as follows: (a). By licensee, if an individual; (b). By the individual owning the reporting system if individually owned; (c). By a partner, if a partnership (general partner, if a limited partnership); (d). By an officer, if a corporation or an association; or (e). By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT

(U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Print Name RICK WOLF
Title VP, CORPORATE COUNSEL	Telephone No. (include area code) 210-832-33
Date 11/15/2000	

SECTION V EMPLOYEE DATA

A. FULL-TIME PAID EMPLOYEE DATA

[Full-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

FULL-TIME PAID EMPLOYEE DATA

Г			MALE				
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
	OFFICIALS & MANAGERS	7	5				
2.	PROFESSIONALS	39	23		5		
3.	TECHNICIANS	4	3	1		_	
4.	SALES WORKERS	42	12		2		
	OFFICE & CLERICAL	16	1		3		
	CRAFT WORKERS (SKILLED)						
_	OPERATIVES (SEMI-SKILLED)						
8.	LABORERS (UNSKILLED)						i
	SERVICE WORKERS			4			
10.	TOTAL	108	44	1	10		

	FEMALE			
Job Categories	WHITE BLACK (NOT (NOT HISPANIC) HISPANIC)	(h)	PACIFIC	AMERICAN INDIAN, ALASKAN

		(f)	(g)		(i)	NATIVE (i)
	OFFICIALS & MANAGERS	2				¥/
2.	PROFESSIONALS	7	2	2		
3.	TECHNICIANS				•	
	SALES WORKERS	20	2	6		
5.	OFFICE & CLERICAL	10		2	,	
6.	CRAFT WORKERS (SKILLED)				•	
	OPERATIVES (SEMI-SKILLED)					
	LABORERS (UNSKILLED)					
L	SERVICE WORKERS	,,,,,,				
10.	TOTAL	 39	4	10		i

B. PART-TIME PAID EMPLOYEE DATA

[Part-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

PART-TIME PAID EMPLOYEE DATA

			MALE				
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
	OFFICIALS & MANAGERS					_	
	PROFESSIONALS	25	13	3	6]	
	TECHNICIANS						
	SALES WORKERS					_	
5.	OFFICE & CLERICAL	10	3		1		
6.	CRAFT WORKERS (SKILLED)						
7.	OPERATIVES (SEMI-SKILLED)						
	LABORERS (UNSKILLED)						
9.	SER VICE WORKERS						
10.	TOTAL	35	16	3	7		

L	FEMALE
Γ	

	Job Categories	WHITE (NOT HISPANIC) (f)	MOT	HISPANIC (h)	PACIFIC	AMERICAN INDIAN, ALASKAN NATIVE (i)
L	OFFICIALS & MANAGERS PROFESSIONALS IECHNICIANS SALES	2	1			
5. 6.	WORKERS OFFICE & CLERICAL CRAFT WORKERS (SKILLED)	1	1	4		
	OPERATIVES (SEMI-SKILLED) LABORERS (UNSKILLED) SERVICE WORKERS					
10.	TOTAL	 3	2	4		
		Information [I				
Exl	hibits				-	

EXHIBIT 11

Federal Communicat Washington, D.C. 20		_		Approved 3060-0390 (Ap	ьу ОМВ	1	C USE ONLY NO.B395B	- 20001116	AFB
BROADCA	AST STAT	ON ANNI REPORT		MPLOYMI	ENT				
SECTION I				····	·				
Legal Name of t	he Licensee CO.								
Mailing Address 200 EAST BAS							,		
City SAN ANTONIC)				State addre TX		antry (if fore		Zip Code 78209 - 8328
Telephone Num 2108222828	ber (include a	ea code)	·			il Add	ress (if avai	lable)	
			Facility I 59957	D Number			Call Sign KABL		
SECTION II		[Γ		·	· · · · · · · · · · · · · · · · · · ·	7
A. TYPE OF RESPONDENT	Γ:	Commercial Radio TV Low Pov Internation	ver TV	st Station		ication	ial Broadcas al Radio al TV	st Station	Headquarters C HQ
B. List call sign stations which sh	nare one or mo					•	······································		
List call sign and			se employ	Station Li		. This s	should inclu	de commonly	owned stations
which share one Call Sign		oyees. ity ID Numb	er	(1	Тур	e			cation
KNEW		59966			k applic				y/State) AND, CA
L	<u> </u>			! 			<u></u>	<u> </u>	
Call Sign	Facility	ID Number		Ty (check appl	pe icable b	ox)		Location (City/St	
KIOI	3	4930		O AM ©	FM C	TV		SAN FRANC	SCO, CA
<u> </u>									
Call Sign	Facility	ID Number		Ty (check appl		ox)		Location (City/Sta	
KIOI	4	085		C _{AM} ®	FM C	TV	7	VALNUT CR	EEK, CA
Call Sign	Facility	ID Number	7		Туре			Locat	ion
			_	(check ap		box)	_	(City/S	- 11

KIOI		11	n	
	90740	C AM C FM C TV	PLEASANTON, CA	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	
KISQ	59964	C AM G FM C TV	SAN FRANCISCO, CA	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	
KISQ	59992	O AM ® FM O TV	WALNUT CREEK, CA	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	
KISQ	59993	O AM © FM O TV	PLEASANTON, CA	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	
KISQ	59973	C AM © FM C TV	CONCORD, CA	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	
KKSF	65484	C AM S FM C TV	SAN FRANCISCO, CA	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)	
		(check applicable tox)	(Oxty/Diato)	
KMEL	35121	C AM © FM C TV	SAN FRANCISCO, CA	
	35121			
KMEL Call Sign	35121 Facility ID Number		 	
		C AM € FM C TV	SAN FRANCISCO, CA Location	
Call Sign	Facility ID Number	Type (check applicable box)	SAN FRANCISCO, CA Location (City/State)	
Call Sign	Facility ID Number	Type (check applicable box)	SAN FRANCISCO, CA Location (City/State)	
Call Sign KMEL	Facility ID Number 35122	Type (check applicable box) C AM © FM C TV Type Type	Location (City/State) CONCORD, CA	
Call Sign KMEL Call Sign	Facility ID Number 35122 Facility ID Number	Type (check applicable box) O AM © FM C TV Type (check applicable box) Type (check applicable box)	Location (City/State) CONCORD, CA Location (City/State)	
Call Sign KMEL Call Sign	Facility ID Number 35122 Facility ID Number	Type (check applicable box) O AM © FM C TV Type (check applicable box) Type (check applicable box)	Location (City/State) CONCORD, CA Location (City/State)	
Call Sign KMEL Call Sign KSAN	Facility ID Number 35122 Facility ID Number 59990	Type (check applicable box) C AM FM C TV Type (check applicable box) Type (check applicable box) AM FM C TV	Location (City/State) CONCORD, CA Location (City/State) PLEASANTON, CA Location	
Call Sign KMEL Call Sign KSAN Call Sign	Facility ID Number 35122 Facility ID Number 59990 Facility ID Number	Type (check applicable box) C AM © FM C TV Type (check applicable box) C AM © FM C TV Type (check applicable box) C AM © FM C TV	Location (City/State) Location (City/State) Location (City/State) PLEASANTON, CA Location (City/State)	
Call Sign KMEL Call Sign KSAN Call Sign	Facility ID Number 35122 Facility ID Number 59990 Facility ID Number	Type (check applicable box) Type (check applicable box) Type (check applicable box) AM FM TV Type (check applicable box) AM FM TV Type (check applicable box) Type	Location (City/State) Location (City/State) PLEASANTON, CA Location (City/State) MILL VALLLEY, CA	
Call Sign KMEL Call Sign KSAN Call Sign KSAN	Facility ID Number 35122 Facility ID Number 59990 Facility ID Number 91407	Type (check applicable box) C AM FM TV Type (check applicable box) AM FM TV Type (check applicable box) AM FM TV Type (check applicable box) Type (check applicable box) Type (check applicable box)	Location (City/State) CONCORD, CA Location (City/State) PLEASANTON, CA Location (City/State) MILL VALLLEY, CA	
Call Sign KMEL Call Sign KSAN Call Sign Call Sign	Facility ID Number 35122 Facility ID Number 59990 Facility ID Number 91407 Facility ID Number	Type (check applicable box) Type (check applicable box) Type (check applicable box) AM FM TV Type (check applicable box) AM FM TV Type (check applicable box) Type	Location (City/State) Location (City/State) Location (City/State) PLEASANTON, CA Location (City/State) MILL VALLLEY, CA Location (City/State)	

Call Sign	Facility ID Number	Type (check applicable box)		Location (City/State)
KXJO	36029	C AM © FM C TV		ALAMEDA, CA
Call Sign	Facility ID Number	Type (check applicable bo	x)	Location (City/State)
KXJO	35013	CAMOFMCI	ΓV	ORINDA, CA
Call Sign	Facility ID Number	Type (check applicable box)		Location (City/State)
KYLD	59989	C AM FM C TV	SA	N FRANCISCO, CA
Call Sign	Facility ID Number	Type (check applicable box)		
KZOL	70033	C AM G FM C TV		SANTA CRUZ, CA
Call Sign	Facility ID Number	Type (check applicable box)		Location (City/State)
KABL	59957	● AM ○ FM ○ TV		OAKLAND, CA
ALCOLARICALANA ANA ANTANA	4411.4114.4114.4144.4144.4144.4144.414	**************************************	**************************************	
SECTION III			······································	
A. PAYROLL P. B. CHECK APP	ERIOD COVERED BY THIS RI	EPORT (DATE) 9/30/2000	. · · · · · · · · · · · · · · · · · · ·	
		yment unit during the selected payr	oll period (Complete page one only
and certificat	tion statement and return to FCC)			
	full-time employees in employm tion statement and return to FCC)	ent unit during the selected payroll	period (Co	omplete all sections of form

SECTION IV CERTIFICATION

This report must be certified, as follows: (a). By licensee, if an individual; (b). By the individual owning the reporting system if individually owned; (c). By a partner, if a partnership (general partner, if a limited partnership); (d). By an officer, if a corporation or an association; or (e). By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

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(U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief,	all statements contained in this report are true and correct.
Signed	Print Name
	RICK WOLF
i i	

	Telephone No. (include area code) 2108323322
Date	
11/15/2000	

SECTION V EMPLOYEE DATA

A. FULL-TIME PAID EMPLOYEE DATA

[Full-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

FULL-TIME PAID EMPLOYEE DATA

			MALE				
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
	OFFICIALS & MANAGERS	32	15	1	1	1	1
2.	PROFESSIONALS	47	22	3	4	6	
3.	TECHNICIANS	7	6				
	SALES WORKERS	44	18	1	1	1	
	OFFICE & CLERICAL	53	8	4	2	5	l
	CRAFT WORKERS (SKILLED)						•
	OPERATTVES (SEMI-SKILLED)	2	1			1	
	LABORERS (UNSKILLED)			-			•
	SERVICE WORKERS			<u> </u>			
10.	TOTAL	185	70	9	8	14	1

		FEMALE				
	Job Categories	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	ASIAN OR PACIFIC ISLANDER (i)	
1.	OFFICIALS & MANAGERS	8	2	1	2	
	PROFESSIONALS	5	6		1	
	TECHNICIANS			'	1	
	SALES WORKERS	16	. 1	1	5	
	OFFICE & CLERICAL	13	. 9	4	8	
	CRAFT WORKERS (SKILLED)		·			

	OPERATIVES (SEMI-SKILLED)					1
	LABORERS (UNSKILLED)					
9.	SERVICE WORKERS					
10	TOTAL	42	18	6	17]

B. PART-TIME PAID EMPLOYEE DATA

[Part-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

PART-TIME PAID EMPLOYEE DATA

			MALE			· · · · · · · · · · · · · · · · · · ·	
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	PACIFIC	AMERICAN INDIAN, ALASKAN NATIVE (e)
	OFFICIALS & MANAGERS	1					
2.	PROFESSIONALS	20	3	1	5	11	
3.	TECHNICIANS	15	1	3	3	4]
	SALES WORKERS						
	OFFICE & CLERICAL	67	8	8	13	11	
	CRAFT WORKERS (SKILLED)						
7.	OPERATIVES (SEMI-SKILLED)	3	2				
	LABORERS (UNSKILLED)			-			
	SERVICE WORKERS	,					
10.	TOTAL	106	14	12	21	16	

Г		FEMALE				
	Job Categories	WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	(h)	ASIAN OR PACIFIC ISLANDER (i)	AMERICAN INDIAN, ALASKAN NATIVE (i)
	OFFICIALS & MANAGERS		-	i		
	PROFESSIONALS	5	.4	1		
	TECHNICIANS	1	1	1	1	
	SALES WORKERS					
5.	OFFICE &	10	4	4	9	

CLERICAL	1	I				1			
6. CRAFT WORKERS				<u> </u>					
(SKILLED) 7. OPERATIVES		1							
(SEMI-SKILLED) 8. LABORERS (UNSKILLED)	-	لــــــــــل							
9. SERVICE WORKERS									
10. TOTAL	<u> </u>	17	9	7	10]			
Additional Information [Exhibit 1]									
	***************************************	***************************************	***************************************		***************************************				
Exhibits									

EXHIBIT 12

	<u> </u>		у ОМВ	FOR FCC USE ONLY CODE NO.B395B -	20001116	AGP
		MPLOYME	NT			
			- <u></u>			
ROAD						
			addre			Cip Code 78209 - 8328
(include area	a code)	- 1 - V ¹¹ · · · · · · · · · · · · · · · · · ·		ail Address (if avail	able)	
	Facility II 23082	D Number		Call Sign KBME		
			<u> </u>			
ESPONDENT: Radio TV Low Power TV		st Station	C Edu	ocational Radio	Station	Headquarters HQ
	, employ ccs.		··········		······································	
		Station Lis	t			
		ees are on this	report	. This should includ	e commonly	owned stations
		(chec	Typ k appli	cable box)	1	ocation y/State)
	11969					STON, TX
Facilit	v ID Number		Tvr	ne	T.	cation
			k appli	cable box)	(Cit	y/State)
	47749	CA	M 💽 I	FM C TV	HOUS	STON, TX
Facili	ty ID Number		T	ype		ocation
	20625					ty/State) IROE, TX
		11	AM W	rm ~ IV		MOE, IA
Facility	ID Number	(checl				cation /State)
	Licensee ROAD (include area cation of all a more employ Facility Facility	Commercial Broadcas Radio TV Low Power TV International Location of all stations whose emercial one or more employees.	T STATION ANNUAL EMPLOYME REPORT Licensee Commercial Broadcast Station Radio TV Low Power TV International Location of all stations whose employees are on e one or more employees. Station Listense employees Facility ID Number Cohec 11969 Facility ID Number Cohec 47749 Cohec 20625 Facility ID Number Cohec	Commission Approved by OMB 3060-0390 (April 2000) T STATION ANNUAL EMPLOYMENT REPORT Licensee Commercial Broadcast Station Radio TV Low Power TV International Location of all stations whose employees are on this report more employees. Facility ID Number Station List Control of all stations those employees are on this report more employees. Facility ID Number Typ (check applied to the power of t	T STATION ANNUAL EMPLOYMENT REPORT State or Country (if fore address) TX	Approved by OMB 3060-0390 (April 2000) T STATION ANNUAL EMPLOYMENT REPORT Licensee Commercial Broadcast Station ROAD Facility ID Number Station Radio C TV C Low Power TV C International Location of all stations whose employees are on this report. This should include commonly more employees. Facility ID Number Station Type (check applicable box) Facility ID Number Station Type (check applicable box) Facility ID Number Type Loc

KJOJ	69565	C AM © FM C TV	FREEPORT, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KKBQ	23083	C AM © FM C TV	PASADENA, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KKRW	9625	C AM © FM C TV	HOUSTON, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KKTL	65308	C AM O FM C TV	CLEVELAND, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KLAT	67063	© AM C FM C TV	HOUSTON, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KLDE	59951	C AM © FM C TV	LAKE JACKSON, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KLOL	35073	C AM © FM C TV	HOUSTON, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KLTN	65310	C AM © FM C TV	HOUSTON, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KLTO	479	O AM O FM O TV	GAL VESTON, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KMJQ	11971	C AM © FM C TV	HOUSTON, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KODA	35337	O AM © FM O TV	HOUSTON, TX
	<u> </u>		
		<u> </u>	

Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KOVA	57806	C AM © FM C TV	ROSENBERG, TX
		<u> </u>	
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KOVE	25583	C AM © FM C TV	PORT ARTHUR, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KPRC	9644	© AM C FM C TV	HOUSTON, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KQUE	65309	© AM C FM C TV	HOUSTON, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KRTX	57804	• AM O FM O TV	ROSENBERG, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KRTX	57801	C AM ® FM C TV	WINNIE, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KSEV	9645	© AM C FM C TV	TOMBALL, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)
KTBZ	18516	C AM © FM C TV	HOUSTON, TX
Call Sign	ign Facility ID Number Type (check applicable box)		Location (City/State)
KTRH	35674	© AM C FM C TV	HOUSTON, TX
Call Sign	Facility ID Number	Type (check applicable box)	Location (City/State)

2	EC	1	IJ	O	N]	Ц	
4	-	-	=	=	=	=	_	_

A. PAYROLL PERIOD COVERED BY THIS REPORT (DATE) 9/30/2000

\mathbf{r}	OTTOME	A DITH	TOTAL TOT	TOOM
М.	CHECK	APPL	.ICABI	.н. ы ж

- Fewer than five full-time employees in employment unit during the selected payroll period (Complete page one only and certification statement and return to FCC)
- Five or more full-time employees in employment unit during the selected payroll period (Complete all sections of form and certification statement and return to FCC)

SECTION IV CERTIFICATION

This report must be certified, as follows: (a). By licensee, if an individual; (b). By the individual owning the reporting system if individually owned; (c). By a partner, if a partnership (general partner, if a limited partnership); (d). By an officer, if a corporation or an association; or (e). By an attorney of the licensee, in case of physical disability or absence from the United States of the licensee.

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(U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

I certify to the best of my knowledge, information and belief, all statements contained in this report are true and correct.

Signed	Print Name RICK WOLF
Title VP	Telephone No. (include area code) 210-832-33
Date 11/15/2000	

SECTION V EMPLOYEE DATA

A. FULL-TIME PAID EMPLOYEE DATA

[Full-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

FULL-TIME PAID EMPLOYEE DATA

ſ			MALE				
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	ASIAN OR PACIFIC ISLANDER (d)	AMERICAN INDIAN, ALASKAN NATIVE (e)
1.	OFFICIALS & MANAGERS	28	15		1		
2,	PROFESSIONALS	35	19		3		
3.	TECHNICIANS	9	7	1	1		}
	SALES WORKERS	48	13	1	1		
L	OFFICE & CLERICAL	28	5	1	1		
	CRAFT WORKERS (SKILLED)						

7. OPERATIVES (SEMI-SKILLED)						
8. LABORERS (UNSKILLED)]					
9. SERVICE WORKERS	1	1]			:
10. TOTAL	149	60	3	7]	

Г	FEMALE						
	Job Categories		WHITE (NOT HISPANIC) (f)	BLACK (NOT HISPANIC) (g)	HISPANIC (h)	PACIFIC	AMERICAN INDIAN, ALASKAN NATIVE (j)
1.	OFFICIALS & MANAGERS		4	4	4		<u> </u>
	PROFESSIONALS		9	1	3		
	TECHNICIANS						
	SALES WORKERS	:	29	2	2		
	OFFICE & CLERICAL		9	5	7		
	CRAFT WORKERS (SKILLED)						l
	OPERATIVES (SEMI-SKILLED)						İ
8.	LABORERS (UNSKILLED)	·					
9.	SERVICE WORKERS						ļ
10.	TOTAL		51	12	16		

B. PART-TIME PAID EMPLOYEE DATA [Part-Time Paid Employee Data]

SECTION V - EMPLOYEE DATA

PART-TIME PAID EMPLOYEE DATA

		MALE					
	Job Categories	TOTAL (a-j)	WHITE (NOT HISPANIC) (a)	BLACK (NOT HISPANIC) (b)	HISPANIC (c)	PACIFIC	AMERICAN INDIAN, ALASKAN NATIVE
1.	OFFICIALS & MANAGERS						(e)
2. 3.	PROFESSIONALS TECHNICIANS	18	8	1	!		
4.	SALES WORKERS			•			
5.	OFFICE &	16	4	2	4	1	

1	CLERICAL	1	1	1	1	ľ	1
6.	CRAFT WORKERS				<u> </u>		
L	(SKILLED)	_}					
7.	OPERATIVES						
	(SEMI-SKILLED)						
8.	LABORERS	7					
	(UNSKILLED)						
9.	SERVICE	8	4		1	l	
L	WORKERS	<u>1</u>]	İ	
10	TOTAL	42	16	3	5	2	
							<u> </u>
			FEMALE				
			WHITE	BLACK		ASIAN OR	
ł	1.,	1	(NOT	(NOT	(h)	PACIFIC	INDIAN,
l	Job Categories			HISPANIC)		ISLANDER	
		ì	(f)	(g)		(i)	NATIVE
-	OFFICIALS &	1	-		L	<u> </u>	<u> </u>
	MANAGERS		,				
	PROFESSIONALS	1	7	1			
	TECHNICIANS	1		ļ <u>†</u>			
į	SALES	1	1				
l''	WORKERS						
5.	OFFICE &	1	4 7	!	1		
	CLERICAL				_	•	
6.	CRAFT WORKERS	1		'			
	(SKILLED)	J	}				
7.	OPERATIVES	1					
<u> </u>	(SEMI-SKILLED)	1	l				
8.	LABORERS						
<u>_</u>	(UNSKILLED)	1	<u> </u>				
у.	SERVICE	{	2				
16	WORKERS	4	12				
ĮŪ.	TOTAL	J	13	11	1	1	
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Additional	Information	(Evhibit 1)
Addinonal	ITHOMBUOR	TEXTIDIT 11

Exhibits